			U.S.	Patent and Tra-	pproved for use th demark Office; U.	S. DEPARTMEN	IT OF COMMERC	
Under the Paperw	uired to respond to a c	red to respond to a collection of information unless it displays a valid OMB control number Complete if Known						
Effe Fees pursuant to the Conso	Application Number 10/790,730-Conf. #2621							
FEE TR			March 3, 2004					
			Makoto OZEKI					
Fo				. R. Claytor				
Applicant claims si		Art Unit 1617			-			
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 130.00				Titl Gill		(D)		
TOTAL AMOUNT OF PAY	Attorney Docker	Attorney Docket No. 1422-0625P						
METHOD OF PAYM	ENT (check all th	nat apply)			·			
	it Card M	Ioney Order N	one Other	(please identify)): 			
x Deposit Account	eposit Account Numb	er: 02-2448	Deposit	Account Name:_	Birch, Stewart	t, Kolasch & B	irch, LLP	
For the above-id	entified deposit a	account, the Director	is hereby authoriz	ed to: (check	all that apply)			
x Charge fee	e(s) indicated bel	ow	Charg	e fee(s) indi	cated below, e	xcept for the	filing fee	
	y additional fee(s er 37 CFR 1.16 a) or underpayments	of x Credi	any overpay	/ments			
FEE CALCULATION								
1. BASIC FILING, SEAF		INATION FEES						
			EARCH FEES	EXAMIN/	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (Small Entity	Fee (\$)	Small Entity Fee (\$)	Fees Pa	i4 (\$)	
Utility	310	155 510		210	105	<u>rees Pa</u>	<u>10 (\$)</u>	
Design	210	105 100		130	65	-		
Plant	210	105 310		160	80	-		
Reissue	310	155 516		620				
Provisional	210) 233		310			
		103 (j U	0	0			
2. EXCESS CLAIM FEE Fee Description	5					<u>5</u> Fee (\$)	mall Entity Fee (\$)	
Each claim over 20 (inc	uding Reissues)					50	25	
Each independent claim				210	105			
Multiple dependent clair	•	,				370	185	
Total Claims Ex	Paid (\$)	Mul	tiple Depende	ent Claims				
9 - 20 =		Fee		Fee Paid (\$)				
HP = highest number of total	claims paid for, if gr	eater than 20.					.	
Indep. Claims Ex	tra Claims F	ee (\$) Fee	Paid (\$)					
2 - 3 = HP = highest number of inde	x pendent claims paid	for, if greater than 3.						
3. APPLICATION SIZE I								
If the specification and								
listings under 37 CI sheets or fraction th					ity) for each a	dditional 50		
Total Sheets	Extra Sheets		additional 50 or fra		Foc (\$)	Fee Pa	214 (E)	
			(round up to a wh		<u>Fee (\$)</u>	-	310 (31)	
4. OTHER FEE(S)	'		(100110 up to a wii	olo fidifibery x		Fees P	aid (\$)	
Non-English Specific	ation, \$130 fee	(no small entity dis	count)					
Other (e.g., late filing						130	.00	
SUBMITTED BY								
Signature C	Registration No. (Attorney/Agent)	42,874	Telephone	(703) 205-	-8000			
Name (Print/Type) Craig	A. McRobbie		1		Date [December 1	8 2007	